

APPLICATION FOR EMPLOYMENT

Position: Fire Chief South Pend Oreille Fire & Rescue

INSTRUCTIONS: Please use blank paper if you do not have enough room on this application. **PLEASE PRINT or TYPE**, except for your signature on the last page of the application. All information you give on this application will be held in strict confidence.

PERSONAL DATA

Last Name

First Name

Middle Name

Present Street Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

Cell number

Pager number

E-mail Address

When could you be available for employment?

May we visit with the following at your present place of employment?

Supervisor

☐

Yes

☐

No

If Yes, please indicate Name and number _____

Commissioner Chair

☐

Yes

☐

No

If Yes, please indicate Name and number _____

Social Security number _____
(optional)

Date of Birth _____
(optional)

GENERAL INFORMATION

Do you have a valid driver's license?

☐

Yes

☐

No

Driver's License Number: _____

State: _____

Emergency Medical Technician Rating: _____

Fire Instructor Level: _____

Have you ever been convicted of or pleaded no contest to a felony?

☐

Yes

☐

No

If yes, please explain: _____

Are you currently OR expecting to be engaged in any other business or employment?

☐

Yes

☐

No

If yes, please explain: _____

EDUCATION

High School

Name and Address

Highest grade
completed

Did you graduate?

☐

Yes

☐

No

College or University

Name and Address

Highest level
completed

Did you graduate?

☐

Yes

☐

No

Major: _____

Degree: _____

EDUCATION (continued)

Additional Educational/Vocational/Technical Training

Did you complete coursework?

Name and Address

☐ Yes ☐ No

Coursework:

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). **Please indicate month and year of employment.**

Name of Employer:

MO/YR

MO/YR

Employed from:

/

to

/

Address (Street, City, State, Zip):

Supervisor:

Telephone number:

Your Position Title:

Salary Start:

Final:

Duties:

Reason for leaving:

Name of Employer:

MO/YR

MO/YR

Employed from:

/

to

/

Address (Street, City, State, Zip):

Supervisor:

Telephone number:

Your Position Title:

Salary Start:

Final:

Duties:

Reason for leaving:

EMPLOYMENT HISTORY (continued)

Name of Employer:	Employed from: MO/YR / to MO/YR /
Address (Street, City, State, Zip):	
Supervisor:	Telephone number:
Your Position Title:	Salary Start: Final:
Duties:	
Reason for leaving:	

Name of Employer:	Employed from: MO/YR / to MO/YR /
Address (Street, City, State, Zip):	
Supervisor:	Telephone number:
Your Position Title:	Salary Start: Final:
Duties:	
Reason for leaving:	

REFERENCES

Give three references (exclude relatives and former employers).

Name:	Occupation:	Telephone:
Address (Street, City, State, Zip):		
Name:	Occupation:	Telephone:
Address (Street, City, State, Zip):		
Name:	Occupation:	Telephone:
Address (Street, City, State, Zip):		

I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I hereby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents and employees, in regard to this exchange of information concerning my past history and employment.

Signature

Date